Form 19

(Regulation 20)

(In typescript and completed in duplicate)



**THE PATENTS AND COMPANIES REGISTRATION AGENCY**

**The Companies Act, 2017**

**(Act No. 10 of 2017)**

**\_\_\_\_\_\_\_\_\_\_\_\_**

**The Companies (Prescribed Forms) Regulations, 2018**

***(Section 190 and 191)***

***Available at*** [***www.pacra.org.zm***](http://www.pacra.org.zm)

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| --- |
| **NOTICE OF TRANSMISSION OF SHARES** |
| **PART A****COMPANY DETAILS** |
|  | Company Number*Indicate the 12 digit registration number* |  |  |
|  | Company Name*Indicate the name as captured on the certificate of incorporation* |  |  |
|  | Phone Number*Include the international code (e.g. +260 for Zambia)* | *Mobile* |  |  |
| *Landline* |  |
|  | Email Address |  |  |
| **PART B****PERSON FROM WHOM SHARES ARE TRANSMITTED**  |
| **PARTICULARS OF SHAREHOLDER** |  |
|  | First Name |  |  |
| Surname |  |
| Gender |  |
| Date of Birth |  |
| Nationality |  |  |
| Identity TypeFor Zambians: *NRC* For non-Zambians: *NRC/Passport/ Driver’s Licence/Resident Permit* |  |  |
| Identity Number |  |
| Name of Body Corporate *Where applicant is a Body Corporate* |  |  |
| Nature of Body Corporate*Where applicant is a Body Corporate, indicate whether applicant is a Company, Co-operative, Trust, Society, Etc.* |  |
| Registration Number, Date and Country of Incorporation of Body Corporate*Where applicant is a Body Corporate* |  |  |
| Phone Number | *Mobile* |  |  |
| *Landline* |  |
| Email Address |  |  |
| Physical Address | *Plot/House/ Village* |  |  |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
|  | Number of Shares | *Shares held before transmission* |  |  |
| *Shares transmitted* |  |
| *Shares held after transmission* |  |
|  | Class of Shares |  |  |
|  | Numbering of Shares*Indicate numbering of shares as in the Company Register of Shares* |  |  |
| From  |  | To |  |  |  |
|  |  |
| **PARTICULARS OF BENEFICIAL OWNERSHIP** |  |
|  |  |
|  | First Name |  |  |
| Surname |  |
| Gender |  |
| Date of Birth |  |
| Nationality |  |  |
| Identity TypeFor Zambians: *NRC* For non-Zambians: *NRC/Passport/ Driver’s Licence/Resident Permit* |  |  |
| Identity Number |  |
| Occupation |  |  |
| Name of Body Corporate *Where applicant is a Body Corporate* |  |  |
| Nature of Body Corporate*Where applicant is a Body Corporate, indicate whether applicant is a Company, Co-operative, Trust, Society, Etc.* |  |  |
| Registration Number, Date and Country of Incorporation of Body Corporate*Where applicant is a Body Corporate* |  |  |
| Phone Number | *Mobile* |  |  |
| *Landline* |  |
| Email Address |  |  |
| Physical/ Registered Office Address | *Plot/House/ Village* |  |  |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
| **DIRECTOR/TRUSTEE OF BODY CORPORATE** |
|  | *No* | *First Name:* | *Surname:* | *Identity Number:* | *Date Appointed:* |
| *1* |  |  |  |  |
| *2* |  |  |  |  |
| *3* |  |  |  |  |
| *4* |  |  |  |  |
| **SHAREHOLDER/SETTLER OF BODY CORPORATE** |
|  | *No* | *First Name:* | *Surname:* | *Identity Number:* | *Number of Shares:* | *Class of Shares:* | *Number of Paid Up Shares:* |
| *1* |  |  |  |  |  |  |
| *2* |  |  |  |  |  |  |
| *3* |  |  |  |  |  |  |
| *4* |  |  |  |  |  |  |
| **BENEFICIAL OWNER/BENEFICIARY OF BODY CORPORATE** |
|  | *No* | *First Name:* | *Surname:* | *Identity Number:* | *Nature of Interest* |
| *1* |  |  |  |  |
| *2* |  |  |  |  |
| *3* |  |  |  |  |
| *4* |  |  |  |  |
|  | Number of Shares (if any) | *Shares held before transmission* |  |  |
| *Shares transmitted* |  |
| *Shares held after transmission* |  |
|  | Class of Shares (if any) |  |
|  | Nature of Beneficial Ownership*Briefly explain the nature of beneficial ownership (whether trust, legal arrangement etc.) including how ownership control or economic interest is maintained* |  |
|  | If beneficial owner is politically exposed person (PEP) as defined in the Financial Intelligence Act No. 46 of 2010, provide details (e.g. position held) |  |
|  | DECLARATIONI, whose names appear against the signature below, declare that I am the personal representative of the shareholder indicated on this Form Signature: Date: |
| **PART C****PERSON TO WHOM SHARES ARE TRANSMITTED**  |
| **PARTICULARS OF SHAREHOLDER** |  |
|  | First Name |  |  |
| Surname |  |
| Gender |  |
| Date of Birth |  |
| Nationality |  |  |
| Identity TypeFor Zambians: *NRC* For non-Zambians: *NRC/Passport/ Driver’s Licence/Resident Permit* |  |  |
| Identity Number |  |
| Name of Body Corporate *Where applicant is a Body Corporate* |  |  |
| Nature of Body Corporate*Where applicant is a Body Corporate, indicate whether applicant is a Company, Co-operative, Trust, Society, Etc.* |  |
| Registration Number, Date and Country of Incorporation of Body Corporate*Where applicant is a Body Corporate* |  |  |
| Phone Number | *Mobile* |  |  |
| *Landline* |  |
| Email Address |  |  |
| Physical Address | *Plot/House/ Village* |  |  |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
|  | Number of Shares | *Shares held before transmission* |  |  |
| *Shares transmitted* |  |
| *Shares held after transmission* |  |
|  | Class of Shares |  |  |
|  | Numbering of Shares*Indicate numbering of shares as in the Company Register of Shares* |  |  |
| From  |  | To |  |  |  |
|  |  |
|  | DECLARATIONI, whose names appear on this form, acknowledge receipt of shares indicated on this form and that the beneficial ownership information provided is true and accurate. Signature: Date: |
| **PARTICULARS OF BENEFICIAL OWNERSHIP** |  |
|  | First Name |  |  |
| Surname |  |
| Gender |  |
| Date of Birth |  |
| Nationality |  |  |
| Identity TypeFor Zambians: *NRC* For non-Zambians: *NRC/Passport/ Driver’s Licence/Resident Permit* |  |  |
| Identity Number |  |
| Occupation |  |  |
| Name of Body Corporate *Where applicant is a Body Corporate* |  |  |
| Nature of Body Corporate*Where applicant is a Body Corporate, indicate whether applicant is a Company, Co-operative, Trust, Society, Etc.* |  |  |
| Registration Number, Date and Country of Incorporation of Body Corporate*Where applicant is a Body Corporate* |  |  |
| Phone Number | *Mobile* |  |  |
| *Landline* |  |
| Email Address |  |  |
| Physical/ Registered Office Address | *Plot/House/ Village* |  |  |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
| **DIRECTOR/TRUSTEE OF BODY CORPORATE** |
|  | *No* | *First Name:* | *Surname:* | *Identity Number:* | *Date Appointed:* |
| *1* |  |  |  |  |
| *2* |  |  |  |  |
| *3* |  |  |  |  |
| *4* |  |  |  |  |
| **SHAREHOLDER/SETTLER OF BODY CORPORATE** |
|  | *No* | *First Name:* | *Surname:* | *Identity Number:* | *Number of Shares:* | *Class of Shares:* | *Number of Paid Up Shares:* |
| *1* |  |  |  |  |  |  |
| *2* |  |  |  |  |  |  |
| *3* |  |  |  |  |  |  |
| *4* |  |  |  |  |  |  |
| **BENEFICIAL OWNER/BENEFICIARY OF BODY CORPORATE** |
|  | *No* | *First Name:* | *Surname:* | *Identity Number:* | *Nature of Interest* |
| *1* |  |  |  |  |
| *2* |  |  |  |  |
| *3* |  |  |  |  |
| *4* |  |  |  |  |
|  | Number of Shares (if any) | *Shares held before being acquired* |  |  |
| *Shares acquired* |  |
| *Shares remaining after being acquired* |  |
|  | Class of Shares (if any) |  |
|  | Nature of Beneficial Ownership*Briefly explain the nature of beneficial ownership (whether trust, legal arrangement etc.) including how ownership control or economic interest is maintained* |  |
|  | If beneficial owner is politically exposed person (PEP) as defined in the Financial Intelligence Act No. 46 of 2010, provide details (e.g. position held) |  |
| **PART D** **PARTICULARS OF PERSON LODGING DOCUMENT** |
|  | First Name |  |  |
|  | Surname |  |
|  | Gender |  |
|  | Date of Birth |  |
|  | Nationality |  |  |
|  | Identity TypeFor Zambians: *NRC* For non-Zambians: *NRC/Passport/ Driver’s Licence/Resident Permit* |  |  |
|  | Identity Number |  |
|  | Phone Number | *Mobile* |  |
| *Landline* |  |
|  | Email Address |  |  |
|  | Physical Address | *Plot/House/ Village* |  |  |
| *Street* |  |
| *Area* |  |
| *Town* |  |
| *Province* |  |
| *Country* |  |
|  | Signature: Date: |
| *To be completed by a Personal Represerntative. Attach copy of identity documents. In the case of transmission as a result of death, the instrument appointing a personal representative must be attached.* |